

TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A General Facility Standards

EPA Region 5 Records Ctr.



261594

1. General Information

USEPA Number: IL0069498186 IEPA Number: 0316000033

LDF Facility: YES/NO Notified As: TSD Regulated As: TSD

(A) Facility Name: PAXTON LANDFILL #2

(B) Street: 12201 S. DOLESBY AVE.

(C) City: CHICAGO (D) State: IL (E) Zip Code: 60633

(F) Phone: 312-978-2600 (G) County: COOK

(H) Operator: PAXTON LANDFILL

(I) Street: 12201 S. DOLESBY AVE.

(J) City: CHICAGO (K) State: IL (L) Zip Code: 60633

(M) Phone: 312-978-2600 (N) County: COOK

(O) Owner: PAXTON LANDFILL CORP.

(P) Street: 12201 S. DOLESBY AVE.

(Q) City: CHICAGO (R) State: IL (S) Zip Code: 60633

(T) Phone: 312-978-2600 (U) County: COOK

Region: N (V) Date of Inspection: 03/24/86 (W) Time: (From) 9:00am To) 11:33am

Type of Inspection: (ISS) RECORD REVIEW SAMPLING CITIZEN COMPLAINT

CLOSED WITHDRAWAL OTHER PART B

F/U / / (Date of Initial Inspection)

(X) Weather Conditions: SUNNY 50°

Area	Section	Class I	Class II
OTHER	725.113b	✓	
"	725.115bd		✓
"	725.116		✓
"	725.151	✓	
"	725.173		✓
"			

(AA) Preparer Information

Name

GINO BRUNI

Agency/Title

IEPA/EP5

Telephone

312-345-9780

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TOTAL Class I's & II's

2 3

(Y) Person(s) Interviewed

DAN SMITH

Title

SITE OPERATOR

Telephone

312-978-2600

(Z) Inspection Participants

GIND BRUNI

Agency/Title

IEPA/ERS

Telephone

312-345-9780

CAROLINE PANICO

IEPA/ERS

312-345-9780

II. Section A: Scope of Inspection.

1. Interim Status standards for the treatment, storage or disposal of HAZARDOUS WASTES SUBJECT TO 35 Ill. Adm. Code 725.101. Complete Inspection Form A, Sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage or disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)

Inspection Form A section(s)

S01	<input type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K, F
T02	<input type="checkbox"/>	treatment in surface impoundment	K, F
D83	<input type="checkbox"/>	disposal in surface impoundment	K, F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M, F
D80	<input checked="" type="checkbox"/>	disposal in landfill	N, F
T03	<input type="checkbox"/>	treatment by incineration	O, P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other Activities

GENERATOR ☐

TRANSPORTER ☐

APPENDIX GN

APPENDIX TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 35 Ill. Adm. Code 725.101(c). Provide a brief rationale for the possible exclusion.

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Section B: GENERAL FACILITY STANDARDS: (Part 725 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding:				
a. Receipt of hazardous waste from a foreign source?	—	—	✓	HAR. NO WASTE RECEIVED FROM A FOREIGN SOURCE
b. Facility expansion?	—	—	✓	NO FACILITY EXPANSION AT PAXTON 2
c. Change of owner or operator?	—	—	✓	NO CHANGE OF OWNER OR OPERATOR
2. General Waste Analysis:				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	✓	—	—	_____
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	—	✓	—	NO WASTE ANALYSIS PLAN
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	—	—	✓	↓ _____
3. Security - Do security measures include: (if applicable)				
a. 24-Hour surveillance? or	✓	—	—	2 GUARDS
b. i. Artificial or natural barrier around facility? and	—	✓	—	PARTIAL FENCE
ii. Controlled entry?	✓	—	—	_____
c. Danger sign(s) at entrance?	✓	—	—	_____
4. Owner or operator inspections:				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	✓	—	—	RECEIVED APR 1 1988 EPA-ILPC

*Not Inspected

YES NO NI Remarks

b. Does the owner or operator have an inspection schedule at the facility?

— ✓ — — NOT DOCUMENTED
DAILY INSPECTION OF
SITE PERIMETER &
OPERATING AREA

c. If so, does the schedule address the inspection of the following items:

i. monitoring equipment?

— — ✓ — —

ii. safety and emergency equipment?

— — ✓ — —

iii. security devices?

— — ✓ — —

iv. operating and structural equipment (i.e. dikes, pumps, etc.)?

— — ✓ — —

v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?

— — ✓ — —

vi. inspection frequency (based upon the possible deterioration rate of the equipment)?

— — ✓ — —

d. Are areas subject to spills inspected daily when in use?

— — ✓ — — ✓

e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?

— ✓ — — —

f. Does the inspection log contain the following information:

i. the date and time of the inspection?

— — ✓ — — NO INSPECTION LOG

ii. the name of the inspector?

— — ✓ — —

iii. a notation of the observations made?

— — ✓ — —

iv. the date and nature of any repairs or remedial actions?

— — ✓ — — ✓

5. Do personnel training records include:

a. Job titles?

b. Job descriptions?

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— ✓ — — NO RECORD

— ✓ — — OF TRAINING

	YES	NO	NI	Remarks
c. Description of training?	—	—	✓	<u>NID TRAINING RECORDS</u>
d. Records of training?	—	—	✓	
e. Did facility personnel receive the required training by 5-19-81?	—	—	✓	
f. Do new personnel receive required training within six months?	—	—	✓	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	—	—	✓	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
a. Special handling?	—	—	✓	<u>N/A NO IGNITABLES,</u>
b. No smoking signs?	—	—	✓	<u>REACTIVES OR INCOMPATIBLE WASTES.</u>
c. Separation and protection from ignition sources?	—	—	✓	

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